

## Application Data Sheet

### Application Information

Application Type::	Regular
Subject Matter::	Utility
Suggested Group Art Unit::	N/A
CD-ROM or CD-R?::	None
Sequence submission?::	None
Computer Readable Form (CRF)?::	No
Title::	SELECTIVE NERVE FIBER STIMULATION FOR TREATING HEART CONDITIONS
Attorney Docket Number::	06727/100J782-US4
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	Fig. 1
Total Drawing Sheets::	6
Small Entity?::	Yes
Petition included?::	No
Secrecy Order in Parent Appl.?::	No

### Applicant Information

Applicant Authority Type::	Inventor
Primary Citizenship Country::	Israel
Status::	Full Capacity
Given Name::	Tamir
Middle Name::	Ben
Family Name::	David
City of Residence::	Tel Aviv
Country of Residence::	Israel
Street of mailing address::	15 Mordechai Zaira Street
City of mailing address::	Tel Aviv
Country of mailing address::	Israel

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Shai  
Family Name:: Ayal  
City of Residence:: Jerusalem  
Country of Residence:: Israel  
Street of mailing address:: 9 Degania Street  
City of mailing address:: Jerusalem  
Country of mailing address:: Israel

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Omry  
Middle Name:: Ben  
Family Name:: Ezra  
City of Residence:: Jerusalem  
Country of Residence:: Israel  
Street of mailing address:: 23 Tura Street  
City of mailing address:: Jerusalem  
Country of mailing address:: Israel

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: Israel  
Status:: Full Capacity  
Given Name:: Ehud  
Family Name:: Cohen  
City of Residence:: Ganei Tikva  
Country of Residence:: Israel  
Street of mailing address:: 8 HaCarmel Street

City of mailing address:: Ganei Tikva  
Country of mailing address:: Israel  
Postal or Zip Code of mailing address:: 55900

### **Correspondence Information**

Correspondence Customer Number:: 07278

### **Representative Information**

Representative Customer Number:: 07278

### **Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation-in-part of	PCT/IL03/00431	05/23/03
PCT/IL03/00431	Continuation of	60/383,157	05/23/02
PCT/IL03/00431	Continuation-in-part of	10/205,475	07/24/02
10/205,475	Continuation-in-part of	PCT/IL02/00068	01/23/02
PCT/IL02/00068	Continuation-in-part of	09/944,913	08/31/01

### **Assignee Information**

Assignee name:: BIOCONTROL MEDICAL LTD.  
Street of mailing address:: 3A Giron Street  
City of mailing address:: Yehud  
Country of mailing address:: Israel  
Postal or Zip Code of mailing address:: 56100